

30-4 917

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------------|--------|----------|
| FEE DETERMINATION | <i>[initials]</i> | | 04/12/01 |
| O.I.P.E. CLASSIFIER | <i>[initials]</i> | | 4-25-01 |
| FORMALITY REVIEW | AM | 917 | 05-07-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
÷ Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here